

**APPLICATION MATERIALS
FOR
DEPARTMENT OF HUMAN SERVICES APPROVAL
OF A
NEW PUBLIC WATER SUPPLY WELL
FOR A
TRANSIENT PUBLIC WATER SYSTEM**



Restaurant
Boys and Girls Camp
Campground
Hotel
Motel
Hunting Lodge
Golf Course Clubhouse
and others



Drinking Water Program
Division of Health Engineering
Bureau of Health
Department of Human Services
11 State House Station, 161 Capital Street
Augusta, Maine 04333-0011
TEL: (207) 287-2070 TTY: (207) 287-5550 FAX: (207) 287-4172
Web Address: <http://www.medwp.com>

IS YOUR ESTABLISHMENT A PUBLIC WATER SYSTEM?

A public water system is defined as any publicly or privately-owned system of pipes, structures and facilities through which water is obtained for or sold, furnished or distributed to the public for human consumption; if such system has at least 15 service connections or serves at least 25 individuals daily at least 60 days out of the year. The term "public water system" shall include any collection, treatment, storage or distribution pipes, structures or facilities under the control of the supplier of water and used primarily in connection with such system, and any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system.

- **From the State of Maine Rules Relating to Drinking Water**

This means that if you serve water from your own source (well or surface intake) to 25 or more people per day, or have 15 or more service connections, and operate for 60 or more days per year, you are operating a public water system. There are three types of public water systems and each is regulated differently. The three types are:



Community Public Water System

A public water system which serves water to people in their place of residence. Examples include water utilities, mobile home parks, apartment buildings, nursing homes, etc.



Non-transient, Non-community Public Water System

A public water system which serves water to essentially the same people for at least 6 months per year, but not in their place of residence. Examples include schools, office buildings, factories, etc.



Transient Public Water System

A public water system which serves water to a constantly changing population of consumers. Examples include restaurants, camps and campgrounds, motels and hotels, and bottled water companies.

If you are planning a new well for a **transient public water system**, all the materials you need are in this packet. If you are planning a well for a community or a non-transient, non-community system, please request the appropriate packet from the Drinking Water Program.

Please contact Haig Brochu at (207) 287-6542 or at haig.brochu@maine.gov, or Jeff Folger at (207) 287-5682 or at jeff.folger@maine.gov at the Drinking Water Program if you have any questions.

GETTING STATE APPROVAL FOR A NEW PUBLIC WATER SUPPLY WELL FOR A TRANSIENT PUBLIC WATER SYSTEM

If you own or operate a public water system in Maine, or are planning to establish one, drilling and utilizing a new well for serving water to the public requires written approval from the Maine Drinking Water Program in the Department of Human Services (the Department). This packet of information has all the materials you need to complete this process. Enclosed you will find:

FOR BEFORE THE WELL IS DRILLED:

1. A DRINKING WATER PROGRAM QUESTIONNAIRE

This form is required only if your establishment has never been a regulated public water system before. The questionnaire requests basic information including your mailing address, details about the facility you propose to operate, and, if a seasonal business, when it will be operated.

2. A REQUEST FOR PRELIMINARY APPROVAL

BEFORE the well is drilled, you must receive written approval of the location at which the well will be drilled. In general, an approvable site will be 300 feet or more from any potential source of contamination. If this is not possible or practical at your site, the Department can grant a waiver to this setback requirement. In order to receive preliminary approval, you must submit **the application form, a location map, and a site plan.**

3. A SAMPLE SITE PLAN

A sample site plan is attached to assist you in preparing a plan of your property.

4. A CHECKLIST OF POTENTIAL CONTAMINATION SOURCES

You must identify any potential contamination sources near the well. A checklist from the Maine Wellhead Protection Program is included for reference.

**REMEMBER THAT THE WELL MUST BE DRILLED BY A WELL
DRILLER LICENSED IN THE STATE OF MAINE. FOR A LIST OF
LICENSED WELL DRILLERS, CONTACT THE MAINE WATER
WELL DRILLING COMMISSION AT (207) 287- 5699.**

FOR AFTER THE WELL IS DRILLED:

5. A LIST OF WATER QUALITY TESTING REQUIRED FOR FINAL APPROVAL

AFTER the well is drilled, it must be tested to ensure that the water meets drinking water standards. The enclosed list identifies the two tests required for approval of a transient water system. Remember that the tests are to be taken at the conclusion of a pump test. A 48-hour pump test is required.

6. A REQUEST FOR FINAL APPROVAL

You must receive a letter of final approval from the Department prior to putting the well on line. Final approval requires submission of a completed application (describing the characteristics of the well, the date it was drilled, who drilled it, etc.). You must also attach results of all required water quality tests.

WHEN PUTTING AN APPROVED WELL ON-LINE

If the water meets drinking water standards, you will receive a letter of final approval and an ON-LINE NOTICE. This notice is to be filled out and returned when the well is put on line. It will enable the Department to notify you of required tests and help you remain in compliance with the Safe Drinking Water Act.

NEW PUBLIC WATER SYSTEM INFORMATION

Complete this form if your facility is not presently regulated as a public water system. It will ensure that you take only the necessary water tests and that all information is sent to the proper address.

OFFICE USE ONLY

PWSID# _____

Date Entered _____

FACILITY AND CONTACT INFORMATION

THE FACILITY:

Facility Name _____
Tax Map & Lot Number _____
Road Address _____
City or Town _____
On-site Contact Person _____
On-site Phone _____

OWNER OR REPRESENTATIVE:

Owner's Name _____
Mailing Address _____
City or Town _____
State and Zip Code _____
Owner/Rep. Phone _____

How many feet is the nearest property line? _____ (Feet)

How much of the land is controlled and/or owned? _____ (Acres)

I certify that, to my knowledge, the information on this form is true and accurate.

Signature _____ Title _____

Print Name _____ Date _____

ESTABLISHMENT DESCRIPTION

CHECK ALL THAT APPLY:

NUMBER OF:

- | | | | |
|-------------------------------------------------|---------------------------|-------------|-----------------|
| <input type="checkbox"/> Restaurant | _____ seats | _____ meals | _____ employees |
| <input type="checkbox"/> Hotel or Motel | _____ units | | |
| <input type="checkbox"/> Campground | _____ sites | | |
| <input type="checkbox"/> RV Park | _____ sites | | |
| <input type="checkbox"/> Children's Camp | _____ campers & staff | | |
| <input type="checkbox"/> Water Utility | _____ service connections | | |
| <input type="checkbox"/> Mobile Home Park | _____ licensed sites | | |
| <input type="checkbox"/> Apartments | _____ units | | |
| <input type="checkbox"/> School | _____ students plus staff | | |
| <input type="checkbox"/> Elderly Apartments | _____ units | | |
| <input type="checkbox"/> Business | _____ employees | | |
| <input type="checkbox"/> Hospital, Nursing Home | _____ beds plus employees | | |
| <input type="checkbox"/> Boarding Home | _____ beds plus employees | | |

If a Take-Out Eating Establishment, check which of these services will be provided and will use water from the well:

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Fountain soda |
| <input type="checkbox"/> | Coffee |
| <input type="checkbox"/> | Slush drinks |
| <input type="checkbox"/> | Cup dispenser in bathroom |
| <input type="checkbox"/> | Soft serve ice cream |
| <input type="checkbox"/> | Water bubbler |

Is this a seasonal operation? _____ If yes, Season begins? _____ Season ends? _____

Comments/Notes: _____

**REQUEST FOR PRELIMINARY APPROVAL
NEW PUBLIC WATER SUPPLY WELL TRANSIENT WATER SYSTEM**

NOTE: Preliminary approval is required before the well is drilled.

FACILITY INFORMATION

Facility Name _____
Street Address _____
Town or City _____
On-site Contact _____
On-site phone _____

**Facility Type
(Check all that apply):**

- ☐ Restaurant
- ☐ Hotel or Motel
- ☐ Campground
- ☐ Camp
- ☐ Golf Course Clubhouse
- ☐ Lodge
- ☐ Bottled Water Company
- ☐ Seasonal cottages
- ☐ Other (Describe below.)

This application is for (check one):

- ☐ An additional or new well for an existing public water system? PWSID#:
- ☐ A well for an existing facility which has not been regulated before?
- ☐ A well for a proposed facility, which has not yet been constructed?

I plan to drill the well by _____ (date). I want to have it on-line by _____ (date).

I understand that my application will be denied unless I provide:

A location map (an "X" drawn on a map from the Maine Atlas and Gazetteer is sufficient).
A site plan (more detailed map of the well site) including:

- A scale (1" = 100' or similar).
- All potential contaminant sources (leach fields, fuel tanks, etc.) within 300 feet of well.
- Surface water bodies (lakes, streams, ponds) within 300 feet of the well.
- Property boundaries and the land uses on adjacent properties.
- The general slope of land near the well.

**For Help Completing this
Form, Call (207) 287-6542.**

CERTIFICATION

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. To my knowledge, no site details have been omitted which would have a bearing on the suitability of the site for installation of a public water supply well.

Signature _____
Print Name _____

Title _____
Date _____

Enclose location map and site plan and return to:

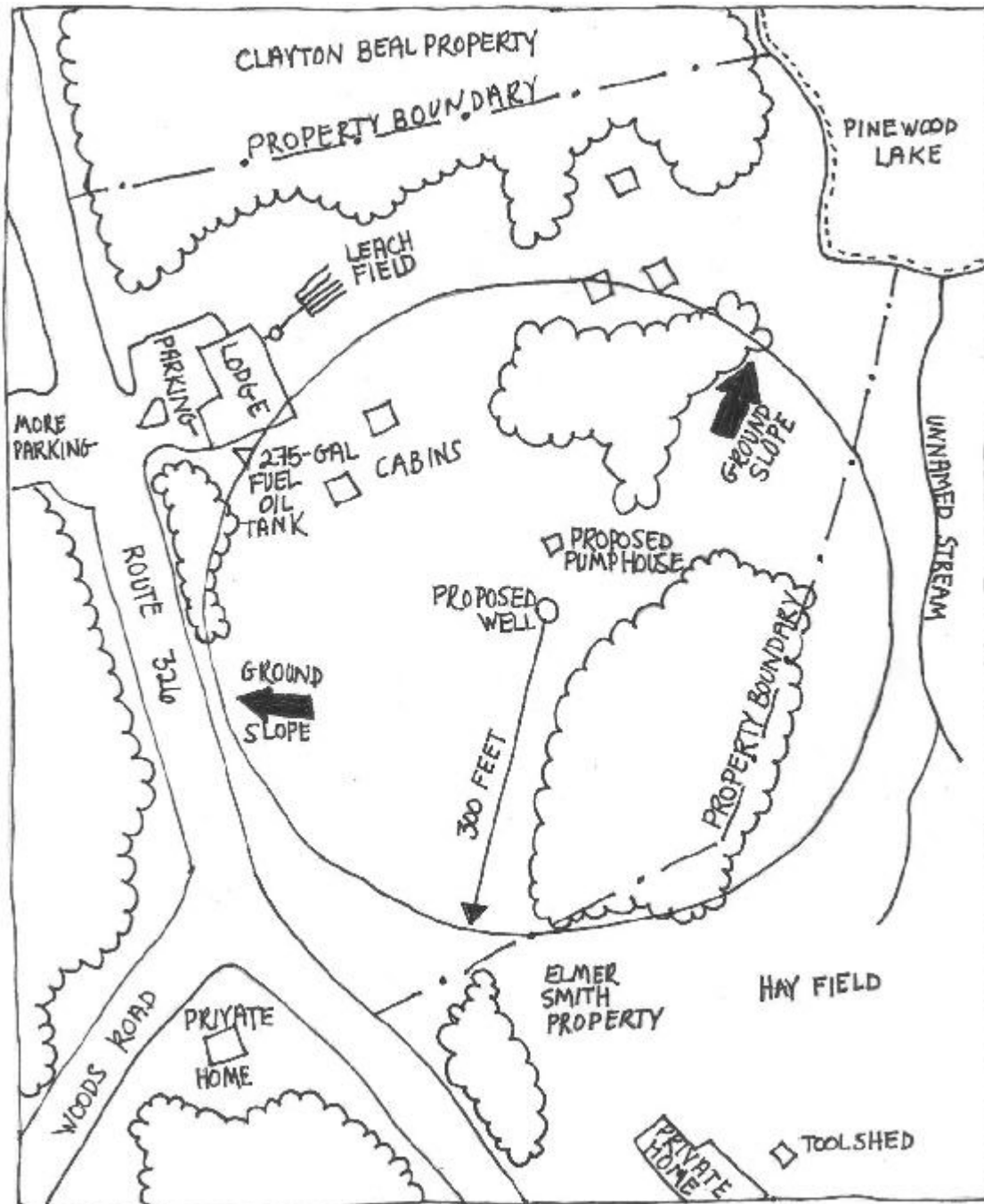
New Well Approval
Drinking Water Program
11 State House Station
Augusta, Maine 04333-0011

Allow 30 days for processing.

OFFICE USE ONLY	
NWT	
PWSID NUMBER	
SOURCE ID NUMBER	
PROJECT MANAGER	
DATE OF SITE VISIT	
DATE RECEIVED	
DATE APPROVED	

POTENTIAL SOURCES OF CONTAMINATION (PSC), CURRENT OR PAST

PWS Name _____			PWSID# _____		
Number of PSCs	Land Use Activity	Distance to well	Number of PSCs	Land Use Activity	Distance to well
HERBICIDE / PESTICIDE USE			OTHER		
	1. Agricultural chemical spreading or spraying			50. Abandoned well	
	2. Agricultural chemical storage			51. Boat builder, refinisher, maintenance	
	3. Bulk grain storage			52. Chemical reclamation	
	4. Chemically fertilized agricultural field			53. Food processor	
	5. Golf course			54. Graveyard & cemetery	
	6. Herbicide sales or applicator			55. Heat treater, smelter, annealer, descaler	
	7. Nursery or garden shop			56. Incinerator	
	8. Pesticide sales or applicator			57. Industrial discharge	
	9. High voltage transmission lines			58. Industrial manufacturer	
PETROLEUM / HYDROCARBON USE (VOCS OR SEMI-VOCS)				59. Industrial waste disposal	
	10. Aboveground oil storage tank (including home heating oil tanks)			60. Landfill, dump, transfer station	
	11. Underground oil storage tank			61. Metal plating	
	12. Airport fueling area			62. Military facility	
	13. Airport maintenance			63. Monitoring well	
	14. Auto chemical supply wholesaler			64. Railroad yard or line	
	15. Auto repair			65. Recycling or processing center (<i>other than beverages</i>)	
	16. Body shop			66. Research laboratory	
	17. Concrete, asphalt, tar, coal company			67. Residential home	
	18. Dry cleaner			68. Rust proofer	
	19. Furniture stripper			69. Salt pile or sand & salt pile	
	20. Gas station, service station			70. Septic system, septic waste disposal	
	21. Junk or salvage yard			a. Beauty parlor	
	22. Machine shop			b. Car wash	
	23. Oil pipeline			c. Laundromat	
	24. Painters, finisher			d. Medical, dental, veterinarian office	
	25. Parking lot			e. Mortuary/ funeral parlor	
	26. Photo processor			f. Multi-unit housing	
	27. Printer			g. Single-family housing	
	28. Sand & gravel mining, other mining			h. Other _____	
	29. Small engine repair shop			71. Sewer line	
	30. Snow dump (large commercial or municipal)			72. Sludge disposal or spreading	
	31. Stormwater impoundments or run-off area			73. Wastewater impoundment area	
	32. Truck terminal			74. Wastewater treatment plants, discharge	
BACTERIA AND INORGANICS SUCH AS NITRATES / NITRITES				75. Wood preserver	
	40. Animal burial (large scale site)			76. Other – Please indicate other potential contamination sites not included in this list. _____	
	41. Animal grazing				
	42. Barnyard				
	43. Manure pile				
	44. Manure spreading				
	45. Meat packer, slaughter house				
	46. Municipal wastewater treatment plant				



EXAMPLE OF A SITE PLAN FOR PRELIMINARY APPROVAL OF PROPOSED NEW WELL

An acceptable site plan must include:

- A scale (1" = 100' or larger);
- Potential sources of contamination within 300' (leach field, fuel tank, etc.);
- Property boundaries;
- A description of land uses on adjacent properties;
- The general slope of land near the well; and
- Surface water bodies within 300 feet of the well.

REQUEST FOR FINAL APPROVAL OF A NEW PUBLIC WATER SUPPLY WELL TO SERVE A TRANSIENT WATER SYSTEM SERVING FEWER THAN 250 PEOPLE

WELL CONSTRUCTION INFORMATION

Facility Name _____
 Street Address _____
 Town or City _____
 On-site Contact _____
 On-site Phone _____

**WATER TEST RESULTS
MUST ACCOMPANY
THIS FORM.**

COMPLETE FOR WELLS:

Name & Address of Well Driller:
Driller's License #:
Pump test duration (hours):

Required Water Tests:

- ☐ Inorganic Parameters TE1
☐ Volatile Organics TSN

COMPLETE FOR BEDROCK WELLS:

Date drilled:

Total depth:

Depth to bedrock:

Length of casing:

Diameter of casing:

Safe Yield (GPM):

COMPLETE FOR GRAVEL WELLS:

Date drilled:

Total depth:

Depth to top of screen:

Length of screen:

Diameter of casing:

Safe Yield (GPM):

Water tests must be conducted by a certified laboratory. If you choose to use the State Health and Environmental Testing Laboratory, call (207) 287-1716 to order sample bottles.

CERTIFICATION

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. I certify that the water test results are from raw water samples taken from the well described above.

Signature _____ Title _____

Print Name _____ Date _____

Attach copies of water quality test and return to:

New Well Approval
 Drinking Water Program
 11 State House Station
 Augusta, Maine 04333-0011

Allow 30 days for processing.

OFFICE USE ONLY	
PRE-APPROVAL DATE	
PWSID #	
SOURCE ID NUMBER	
DATE RECEIVED	
DATE APPROVED	
CONDITIONAL?	



NEW PUBLIC WATER SUPPLY WELL APPROVAL PROCEDURE WATER QUALITY TESTING REQUIRED FOR FINAL APPROVAL TRANSIENT COMMUNITY WATER SYSTEM

Transient public water supply systems serve a constantly changing population of one-time or infrequent customers. Examples include restaurants, motels, parks, campgrounds and summer camps. Final approval of a well for a transient system requires satisfactory results for two tests. After the well is drilled it must be shock chlorinated and then pump tested for at least 48 hours. Continue to pump the well until you no longer detect the odor of chlorine (if there is still chlorine in the water when it reaches the lab, the test will be invalidated and you will need to test again for coliform bacteria). At the conclusion of the pump test, take samples for the following two tests:

Inorganic Parameters (*Test TE1 at State Health Lab*):

A good indicator of general groundwater quality. Includes: nitrite; chloride, hardness, fluoride, copper, iron, manganese, zinc, arsenic, barium, cadmium, chromium, lead, mercury, silver, selenium, sodium, color, turbidity, pH, and total coliform bacteria.

Volatile Organic Compounds (*Test TSN at State Health Lab*):

EPA method 502.2. A screening procedure which can detect the presence of more than 50 different hydrocarbon compounds including gasoline, kerosene, Methyl Tertiary Butyl Ether (MTBE), and many industrial solvents.

You can use the State Health and Environmental Testing Laboratory (State Health Lab) or another certified testing laboratory. For a list of labs certified by the State of Maine, contact the Drinking Water Program at (207) 287-2070. To order bottles from the State Health Lab, call (207) 287-1716.